

2012 Camp Arrah Wanna Winter Camp Registration Form

Please fill in ALL information completely in order to be registered properly & send with \$35.00 deposit to:

Camp Arrah Wanna, Inc. 24075 E Arrah Wanna Blvd. Welches, OR 97067 Phone: 503-622-3189 Fax: 503-622-1229

THIS REGISTRATION IS FOR: High School Camp Middle School Camp Elementary Camp

Name: _____ *DOB (mm/dd/yy): _____
Last First MI

Mailing Address: _____

Gender: Male Female Current Grade: _____ *Church: _____

**Amount covered by church: _____ **Church Rep. Signature: _____

If camper will receive a church scholarship, please do not submit without first noting scholarship amount

Parent/Guardian: _____ Parent Email: _____

Cell:(____) _____ Home:(____) _____ Work/Other:(____) _____

Alt. Contact: _____ Relationship: _____ Phone: (____) _____

Cabin Buddy and/or Counselor Request: _____

**We need bus transportation (circle one): YES NO If yes, where from? Springfield -or- Salem

Please initial here if you DO NOT want your child's photo to be used in promotional material: _____

2012 Winter Camp Health Information

Insurance Co: _____ Group #: _____

Name of Insured: _____ Policy #: _____

Last Tetanus shot: _____ Is CAMPER up-to-date on Immunizations? Yes No

Is CAMPER subject to (circle all that apply): ADD/ADHD (on/off meds); Seizures; Allergies; Asthma; Diabetes;

Bedwetting; Ear infections; Other: _____

Known food/drug allergies: _____

Any cares/concerns for our camp staff: _____

List any Medications on the back of this form (must be checked in with AW medical staff upon arrival)

Camp Nurse/Medic may administer OTC fever/pain meds to my child (Tylenol, Advil, Etc.): Yes No

I, the parent or legal guardian of the above Camper, certify that all the health history info that I have provided is accurate and up-to-date. I hereby give permission to the medical personnel selected by Camp Arrah Wanna to order x-rays and routine tests. In the case of an emergency, I understand that an effort will be made to contact me. If I cannot be reached, I give permission to the selected physician to hospitalize, secure treatment, and order injections/surgery for the child named above. I give permission for the camp medical personnel to treat minor illness or injury with the appropriate non-prescription drug. If I object to this statement I understand I must submit a separate written explanation with the registration form. I understand that my insurance will be billed first for accidents and illnesses.

I give permission for this Camper to participate in, and be transported to and from, all programmed activities planned by Camp Arrah Wanna, both on and off camp premises. In consideration of the Camper's participation in these activities, I agree (on behalf of myself, my heirs, executors, administrators, and assigns) to release, discharge, waive and relinquish Camp Arrah Wanna (or its officers, agents, employees and volunteers) from any and all liabilities, claims, or actions for personal injury, property damage, or wrongful death which may arise out of the Camper's participation.

I certify that I am the parent or legal guardian of the above participant and that I am entitled to his or her custody and control. I further certify that the Camper is in good health and has no physical or other severe impediment, which would endanger him or her while participating in camp activities. I realize that by participating in this program, the Camper may be exposed to a risk of injury or death. I understand the dangers incidental to participating in activities, including the High/Low Ropes Course, and the need for safety precautions. I have discussed the risks of these activities and the need for safety precautions with the Camper. I hereby execute the above Agreement Waiver, and Release on his/her behalf.

My Camper's likeness may be used in camp publicity unless I signify otherwise by initialing above.

Parent/Guardian Signature _____ Date ____/____/____

Parent/Guardian Name Printed _____

DR: _____ ERD: _____ SD: _____ TAD: _____ CS: _____ AWS: _____ AP: _____ CHBD: _____ CABD: _____